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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

First Named Inventor

GIOVONNA DI MATEO-LEGGIO

COMPLETE IF KNOWN

Application Number

Filing Date

7/24/03

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NATURAL HORMONE REPLACEMENT THERAPY
INCLUDES HERBAL | NUTRITIONAL SUPPLEMENT AND BOOKLET

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: OR <input checked="" type="checkbox"/> Correspondence address below			
Name GIOVINA INTERNATIONAL INC. OF AMERICA			
Address 19495 BISCAYNE BOULEVARD - SUITE #807			
City AVENTURA	State FLORIDA	ZIP 33180	
Country USA	Telephone 305-6829700	Fax 305-6820089	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) GIOVINA		Family Name or Surname DIMATTEO LEGGIO	
Inventor's Signature <i>[Signature]</i>		Date 07/24/03	
Residence: City N. MIAMI BEACH	State FLORIDA	Country USA	Citizenship CANADIAN
Mailing Address 2600 ISLAND BOULEVARD #1905			
City N. MIAMI BEACH	State FLORIDA	ZIP 33160	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

OATH OR DECLARATION:

Natural Hormone Replacement Therapy

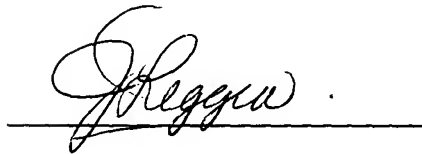
I, Giovina Di Matteo Leggio, Canadian citizen and residing in North Miami Beach, Florida, agree that all statements and answers in these Applications, PTO/SB/01, PTO/SB/02A and PTO/SB/02B for the following formula:

Natural Hormone Replacement Therapy

are true to the best of my knowledge and belief. I declare that the above mentioned formula is my sole invention.

My office location and mailing address is:

19495 Biscayne Blvd. Suite # 807
Aventura, FL 33180
Tel: (305) 682.9700 Fax: (305) 682.0089

A handwritten signature in cursive script, appearing to read 'J. Leggio', is written over a horizontal line.

Giovina Di Matteo Leggio
Inventor
Vice-President
Giovina International Inc. of America